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APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMMER AND GROU		DATE MAILED
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Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the names of attorneys or age the name of a pTO/SB/122) attached.  (1) the names of attorneys or age the name of a member a region and the names of another than a pto-standard the names of a pto-standard				Theodore E. Galanthay of up to 3 registered patent gents OR, alternatively, (2) a single film (having as a istered attorney or agent) of up to 2 registered patent ents. If no name is listed, no inted.  Theodore E. Galanthay  Kenneth C. Hill  Lisa K. Jorgenson		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  STMicroelectronics, Inc.  (B) RESIDENCE: (CITY & STATE OR COUNTRY)  Carrollton, Texas Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual Scorporation or other private group entity government  4a. The following fees are enclosed (make check payable to of Patents and Trademarks):  Issue Fee  Advance Order - # of Copies						es should be charged to:
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